

Fill in this information to identify your case and this filing:

Debtor 1	Gregory First Name	Lynn Middle Name	Staat Last Name
Debtor 2 (Spouse, if filing)	Susan First Name	Ann Middle Name	Staat Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI			
Case number (if known)	16-48659		

☒ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1.

165 Samarra Estate Drive

Street address, if available, or other description

Fenton **MO** **63026**
City State ZIP Code

Jefferson
County

Principle Residence
165 Samarra Estate Drive
Fenton, MO 63026

What is the property?

Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☒ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property?

Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$120,000.00	\$120,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Principle Residence

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

\$120,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

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Debtor 2 **Susan Ann Staat**

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3.1. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the
Make: Chevrolet Check one. amount of any secured claims on *Schedule D:*
Model: Equinox ☐ Debtor 1 only *Creditors Who Have Claims Secured by Property.*
Year: 2011 ☐ Debtor 2 only
Approximate mileage: 138,000 ☒ Debtor 1 and Debtor 2 only
Other information: ☐ At least one of the debtors and another
2011 Chevrolet Equinox (approx. 138000 miles) ☐ Check if this is community property (see instructions)

Current value of the entire property?	Current value of the portion you own?
<u>\$9,000.00</u>	<u>\$9,000.00</u>

3.2. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the
Make: _____ Check one. amount of any secured claims on *Schedule D:*
Model: _____ ☒ Debtor 1 only *Creditors Who Have Claims Secured by Property.*
Year: _____ ☐ Debtor 2 only
Approximate mileage: _____ ☐ Debtor 1 and Debtor 2 only
Other information: ☐ At least one of the debtors and another
12ft Doolittle Utility Work Trailer ☐ Check if this is community property (see instructions)

Current value of the entire property?	Current value of the portion you own?
<u>\$500.00</u>	<u>\$500.00</u>

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories
☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... ➔ **\$9,500.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items? **Current value of the portion you own?**
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**
Examples: Major appliances, furniture, linens, china, kitchenware
☐ No
☒ Yes. Describe..... **Three bedroom, two bathroom, unfinished basement rental residence.** \$1,450.00

Debtors describe their household goods and furnishings as average quantity and average quality.

7. **Electronics**
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games
☐ No
☒ Yes. Describe..... **Two televisions, one laptop computer, one tablet, and two cellular devices.** \$500.00

8. **Collectibles of value**
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles
☐ No
☒ Yes. Describe..... **One Thomas Kinkade painting.** \$250.00

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9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

☒ Yes. Describe..... **One set of golf clubs, a couple of fishing poles, one tackle box, and one elliptical machine.** **\$175.00**

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe..... **One pistol and one rifle.** **\$100.00**

Debtor states that these firearms are used for hunting and / or protection.

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... **Debtors describe their wearing apparel as average quantity and average quality.** **\$200.00**

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... **See continuation page(s).** **\$300.00**

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe..... **One dog.** **\$25.00**

14. Any other personal and household items you did not already list, including any health aids you did not list

☐ No

☒ Yes. Give specific information..... **Two Cpap machines and one walker.** **\$75.00**

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....



\$3,075.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash: **\$150.00**

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes..... Institution name:

17.1. Checking account: **First State Community Bank - Checking Account** **\$200.00**

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17.2. Checking account: **Eagle Bank & Trust - Checking Account** **\$20.00**

17.3. Checking account: **Eagle Bank & Trust - Checking Account**

**This account is jointly owned between the Debtor and his son,
Timothy Staat.** **\$1.00**

17.4. Savings account: **First State Community Bank - Savings Account** **\$175.00**

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

- ☒ No
☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No
☐ Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately. Type of account: Institution name:

IRA: **Debtors state that they had an IRA through Fidelity Investments, but liquidated this IRA account approximately five (5) years ago. As of the date of filing, the Debtors believe the account is still open, but there is no cash surrender value.**

\$1.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☐ No
☒ Yes..... Institution name or individual:

Security deposit on rental unit: **Hummer Acres, LLC - Landlord - is holding a security deposit in the amount of \$1,300.00. Debtors are unaware what portion, if any, will be refunded upon moving out of the rental residence.** **\$1.00**

Water: **Public Water Supply District #10 is holding a security deposit in the amount of \$50.00. Debtors are unaware what portion, if any, will be refunded.** **\$1.00**

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description:

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24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific
information about them

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific
information about them

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific
information about them

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

☐ No

☒ Yes. Give specific information
about them, including whether
you already filed the returns
and the tax years.....

**Federal: Debtors jointly filed 2015 taxes and still owes
\$3,935.00 to the federal, but neither owed a tax debt nor
received a tax refund from the state.**

Federal: **\$0.00**

State: **\$0.00**

Local: **\$0.00**

**As of the date of conversion, the Debtors have not filed
their 2016 tax returns, but they did file an extension.
Debtors expect to owe taxes for 2016. Amt: \$0.00**

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information

Alimony: _____

Maintenance: _____

Support: _____

Divorce settlement: _____

Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information

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31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

Debtor has a term life insurance policy through AARP, which is only payable upon death, and this policy has no cash value.

Susan A. Staat

\$1.00

Debtor has a term life insurance policy through Franklin Life, which is only payable upon death, and this policy has no cash value.

Susan A. Staat

\$1.00

Debtor has a term life insurance policy through General Life, which is only payable upon death, and this policy has no cash value.

Susan A. Staat

\$1.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No

☐ Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ No

☒ Yes. Describe each claim.....

Debtors are unaware of any civil claim for personal injury, worker compensation, property damage, exposure, legal, medical or financial malpractice/malfeasance, class action claim, employment or discrimination claim, or any other potential right to recover monetary sum from a second or third party. Debtors retain the right to assert any such claim and amend her/his Schedule B, accordingly, in the event such claim is discovered or disclosed to the Debtors.

\$0.00

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....



\$552.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

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**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe..

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones,
desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe..

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe..

41. Inventory

- ☒ No
☐ Yes. Describe..

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe..... Name of entity:

% of ownership:

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe.....

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have
attached for Part 5. Write that number here.....**



\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes....

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48. Crops--either growing or harvested

- ☒ No
☐ Yes. Give specific
information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific
information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☐ No
☒ Yes. Give specific information.

An older pool table, a small variety of power tools, and a small variety of hand tools.

\$200.00

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$200.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →

\$120,000.00

56. Part 2: Total vehicles, line 5

\$9,500.00

57. Part 3: Total personal and household items, line 15

\$3,075.00

58. Part 4: Total financial assets, line 36

\$552.00

59. Part 5: Total business-related property, line 45

\$0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$0.00

61. Part 7: Total other property not listed, line 54

+ \$200.00

62. Total personal property. Add lines 56 through 61.....

\$13,327.00

Copy personal
property total →

+ \$13,327.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$133,327.00

Debtor 1 **Gregory Lynn Staat**
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12. Jewelry (details):

Two wedding rings.	<u>\$100.00</u>
Costume jewelry.	<u>\$200.00</u>

Fill in this information to identify your case:

Debtor 1	Gregory	Lynn	Staat
	First Name	Middle Name	Last Name
Debtor 2	Susan	Ann	Staat
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI			
Case number (if known)	16-48659		

☒ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: Principle Residence 165 Samarra Estate Drive Fenton, MO 63026 Line from <i>Schedule A/B</i> : <u>1.1</u>	<u>\$120,000.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.475
Brief description: 2011 Chevrolet Equinox (approx. 138000 miles) Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$9,000.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

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Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: 12ft Doolittle Utility Work Trailer Line from Schedule A/B: <u>3.2</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(5)
Brief description: Three bedroom, two bathroom, unfinished basement rental residence. Debtors describe their household goods and furnishings as average quantity and average quality. Line from Schedule A/B: <u>6</u>	<u>\$1,450.00</u>	<input checked="" type="checkbox"/> <u>\$1,450.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)
Brief description: Two televisions, one laptop computer, one tablet, and two cellular devices. Line from Schedule A/B: <u>7</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)
Brief description: One Thomas Kinkade painting. Line from Schedule A/B: <u>8</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)
Brief description: One set of golf clubs, a couple of fishing poles, one tackle box, and one elliptical machine. Line from Schedule A/B: <u>9</u>	<u>\$175.00</u>	<input checked="" type="checkbox"/> <u>\$175.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)
Brief description: One pistol and one rifle. Debtor states that these firearms are used for hunting and / or protection. Line from Schedule A/B: <u>10</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)
Brief description: Debtors describe their wearing apparel as average quantity and average quality. Line from Schedule A/B: <u>11</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)
Brief description: Two wedding rings. Line from Schedule A/B: <u>12</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(2)

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Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Costume jewelry. Line from Schedule A/B: <u>12</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(2)
Brief description: One dog. Line from Schedule A/B: <u>13</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)
Brief description: Two Cpap machines and one walker. Line from Schedule A/B: <u>14</u>	<u>\$75.00</u>	<input checked="" type="checkbox"/> <u>\$75.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(9)
Brief description: Cash on person. Line from Schedule A/B: <u>16</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(3)
Brief description: First State Community Bank - Checking Account Line from Schedule A/B: <u>17.1</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(3)
Brief description: First State Community Bank - Savings Account Line from Schedule A/B: <u>17.4</u>	<u>\$175.00</u>	<input checked="" type="checkbox"/> <u>\$175.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(3)
Brief description: Eagle Bank & Trust - Checking Account Line from Schedule A/B: <u>17.2</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(3)
Brief description: Eagle Bank & Trust - Checking Account This account is jointly owned between the Debtor and his son, Timothy Staat. Line from Schedule A/B: <u>17.3</u>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(3)

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Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
<p>Brief description: Debtors state that they had an IRA through Fidelity Investments, but liquidated this IRA account approximately five (5) years ago. As of the date of filing, the Debtors believe the account is still open, but there is no cash surrender value.</p> <p>Line from <i>Schedule A/B</i>: <u>21</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(10)(f)
<p>Brief description: Hummer Acres, LLC - Landlord - is holding a security deposit in the amount of \$1,300.00. Debtors are unaware what portion, if any, will be refunded upon moving out of the rental residence.</p> <p>Line from <i>Schedule A/B</i>: <u>22</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(3)
<p>Brief description: Public Water Supply District #10 is holding a security deposit in the amount of \$50.00. Debtors are unaware what portion, if any, will be refunded.</p> <p>Line from <i>Schedule A/B</i>: <u>22</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(3)
<p>Brief description: Debtor has a term life insurance policy through AARP, which is only payable upon death, and this policy has no cash value. (1st exemption claimed for this asset)</p> <p>Line from <i>Schedule A/B</i>: <u>31</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(7)
<p>Brief description: Debtor has a term life insurance policy through AARP, which is only payable upon death, and this policy has no cash value. (2nd exemption claimed for this asset)</p> <p>Line from <i>Schedule A/B</i>: <u>31</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(8)
<p>Brief description: Debtor has a term life insurance policy through Franklin Life, which is only payable upon death, and this policy has no cash value. (1st exemption claimed for this asset)</p> <p>Line from <i>Schedule A/B</i>: <u>31</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(7)

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
<p>Brief description: Debtor has a term life insurance policy through Franklin Life, which is only payable upon death, and this policy has no cash value. (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i>: <u>31</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(8)
<p>Brief description: Debtor has a term life insurance policy through General Life, which is only payable upon death, and this policy has no cash value. (1st exemption claimed for this asset) Line from <i>Schedule A/B</i>: <u>31</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$1.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(7)
<p>Brief description: Debtor has a term life insurance policy through General Life, which is only payable upon death, and this policy has no cash value. (2nd exemption claimed for this asset) Line from <i>Schedule A/B</i>: <u>31</u></p>	<u>\$1.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(8)
<p>Brief description: An older pool table, a small variety of power tools, and a small variety of hand tools. Line from <i>Schedule A/B</i>: <u>53</u></p>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mo. Rev. Stat. § 513.430.1(1)

Fill in this information to identify your case:

Debtor 1	<u>Gregory</u>	<u>Lynn</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Susan</u>	<u>Ann</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>16-48659</u>		

☒ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<u>\$254,095.00</u>	<u>\$120,000.00</u>	<u>\$134,095.00</u>

2.1

Eagle Bank And Trust
Creditor's name
10596 Business 21
Number Street

Describe the property that secures the claim:
165 Samara Estate Drive,
Fenton, MO 63026

Hillsboro MO 63050
City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset)

Consent Judgment

Date debt was incurred 09/2010 Last 4 digits of account number 0 0 2 0

Case No.: 12JE-CC00754 --Judgment Lien from former commercial loan, cross collateralized by residence. Debtor believes paid down much more than this balance.

Add the dollar value of your entries in Column A on this page. Write that number here:

\$254,095.00

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.2

Eagle Bank And Trust

Creditor's name

10596 Business 21

Number Street

Describe the property that secures the claim:

**165 Samarra Estate Drive,
Fenton, MO 63026**

\$4,363.00

\$120,000.00

Hillsboro

MO 63050

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☒ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Judgment

Date debt was incurred **09/2010**

Last 4 digits of account number **0 0 2 0**

Potential Judgment lien

2.3

Exeter Finance Corp

Creditor's name

Po Box 166097

Number Street

Describe the property that secures the claim:

2011 Chevrolet Equinox

\$14,778.00

\$9,000.00

\$5,778.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Automobile

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **10/2014**

Last 4 digits of account number **1 0 0 1**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$19,141.00

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.4

Jefferson County Collector

Creditor's name

Collector of Revenue

Number Street

P.O. Box 100

Describe the property that secures the claim:

**165 Samara Estate Drive,
Fenton, MO 63026**

\$2,176.93

\$2,176.93

Hillsboro

MO 63050

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Real Estate Taxes

Date debt was incurred **2016**

Last 4 digits of account number **3 1 0 4**

2.5

RHP, Inc.

Creditor's name

P.O. Box 100

Number Street

Describe the property that secures the claim:

**165 Samarra Estate Drive,
Fenton, MO 63026**

\$120,652.11

\$120,000.00

\$652.11

Barnhart

MO 63012

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Mortgage

Date debt was incurred **2008**

Last 4 digits of account number **3 1 0 4**

First Mortgage

Add the dollar value of your entries in Column A on this page. Write that number here:

\$122,829.04

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.6

RHP, Inc.

Creditor's name

P.O. Box 100

Number Street

Describe the property that secures the claim:

**165 Samarra Estate Drive,
Fenton, MO 63026**

\$8,340.00

\$120,000.00

Barnhart

MO 63012

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Mortgage arrears

Date debt was incurred **Various**

Last 4 digits of account number **3 1 0 4**

Mortgage Arrears

2.7

Villas at Winter Green Association

Creditor's name

Samarra Estates Drive

Number Street

Describe the property that secures the claim:

**165 Samarra Estate Drive,
Fenton, MO 63026**

\$4,800.62

\$120,000.00

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

☒ Other (including a right to offset)

Assessment Dues

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **2016**

Last 4 digits of account number **3 1 0 4**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$13,140.62

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$409,205.66

Fill in this information to identify your case:

Debtor 1 Gregory Lynn Staat
First Name Middle Name Last Name

Debtor 2 Susan Ann Staat
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number 16-48659
(if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1	\$3,935.00	\$3,935.00	\$0.00
IRS Priority Creditor's Name <u>P.O. Box 7346</u> Number <u>7346</u> Street <u></u>			
Last 4 digits of account number <u>3 1 0 4</u> When was the debt incurred? <u>2015</u>			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
City <u>Philadelphia</u> State <u>PA</u> ZIP Code <u>19101-7346</u>			

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 1: Your PRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
\$1,000.00	\$1,000.00	\$0.00

2.2

Jefferson County Collector

Priority Creditor's Name

Collector of Revenue

Number Street

P.O. Box 100

Hillsboro

MO

63050

City State ZIP Code

Last 4 digits of account number **3 1 0 4**

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

\$199.93

4.1

Accent Urology

Nonpriority Creditor's Name

2355 Dougherty Ferry Rd.

Number Street

Ste. 410

St. Louis

MO

63122

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.2

Bk Of Amer

Nonpriority Creditor's Name

Po Box 982238

Number Street

El Paso

TX

79998

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Mrs. is an Authorized User.

Last 4 digits of account number 5 1 7 5

When was the debt incurred? 11/24/1998

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

\$3,811.00

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$185.53

4.3

Broad Midwest Anesthesia

Nonpriority Creditor's Name

P.O. Box 864448

Number Street

Orlando FL 32886-4448

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3 1 0 4**

When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$31.00

4.4

Cape Radiology Group, PC

Nonpriority Creditor's Name

PO Box 1330

Number Street

Cape Girardeau MO 63702

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3 1 0 4**

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Gregory Lynn Staat
Debtor 2 Susan Ann Staat

Case number (if known) 16-48659

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$80.00

4.5

Cardiology & Critical Care Consultant

Nonpriority Creditor's Name

PO Box 504425

Number Street

St. Louis MO 63150-4425

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$480.00

4.6

Community Quick Cash

Nonpriority Creditor's Name

1671 Old Highway 141

Number Street

Fenton MO 63026

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Payday Loan

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$23,448.00

4.7

Dept Of Ed/navient

Nonpriority Creditor's Name

Po Box 9635

Number Street

Wilkes Barre

PA

18773

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 8 1 2

When was the debt incurred? 08/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.8

\$20,267.00

Dept Of Ed/navient

Nonpriority Creditor's Name

Po Box 9635

Number Street

Wilkes Barre

PA

18773

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 0 1 5

When was the debt incurred? 10/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$5,203.00

4.9
Dept Of Ed/navient
Nonpriority Creditor's Name
Po Box 9635
Number Street

Last 4 digits of account number **0 3 1 0**

When was the debt incurred? **03/2010**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Wilkes Barre PA 18773
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.10
Des Peres Hospital
Nonpriority Creditor's Name
2345 Dougherty Ferry Road
Number Street

Last 4 digits of account number **3 1 0 4**

When was the debt incurred? **2011-2014**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Saint Louis MO 63122
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$3,020.00

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$900.00

4.11

Donald Martin

Nonpriority Creditor's Name

4124 Knoll Drive

Number Street

Waco

TX

76708

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Personal Loan

4.12

Emergency Physicians of St. Louis

Nonpriority Creditor's Name

P.O. Box 790379

Number Street

St. Louis

MO

63179

City

State

ZIP Code

Who incurred the debt?

Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

\$34.00

Debtor 1 Gregory Lynn Staat
Debtor 2 Susan Ann Staat

Case number (if known) 16-48659

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$34.00

4.13

Emergency Physicians of St. Louis

Nonpriority Creditor's Name

P.O. Box 790379

Number Street

St. Louis MO 63179

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.14

\$2,962.00

Esse Health

Nonpriority Creditor's Name

P.O. Box 23340

Number Street

St. Louis MO 63156-3340

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2011-2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$94.00

4.15

Exxmbliciti

Nonpriority Creditor's Name

Po Box 6497

Number Street

Sioux Falls

SD

57117

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Mrs. is an Authorized User.

4.16

GE Capital Retail Bank

Nonpriority Creditor's Name

Bankruptcy Dept.

Number Street

PO Box 103106

Roswell

GA

30076

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7 5 7 5

When was the debt incurred? 06/25/1991

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

\$5,672.00

Debtor 1 Gregory Lynn Staat
Debtor 2 Susan Ann Staat

Case number (if known) 16-48659

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$809.00

4.17

HSBC Bank Nevada, N.A.

Nonpriority Creditor's Name

P.O. Box 98706

Number Street

Las Vegas NV 89193

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.18

\$450.00

Imaging Partners of Missouri

Nonpriority Creditor's Name

14825 North Outer Road 40

Number Street

Chesterfield MO 63017

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$359.00

4.19

IV Respiratory Care

Nonpriority Creditor's Name

65 South 65th St., Suite 10

Number Street

Belleville IL 62223

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1 9 9 3**

When was the debt incurred? **2012**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.20

\$296.04

Laboratory Corp. of America

Nonpriority Creditor's Name

P.O. Box 2240

Number Street

Burlington NC 27216-2240

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1 9 9 3**

When was the debt incurred? **2015-2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

\$581.00

Metro Imaging

Nonpriority Creditor's Name

P.O. Box 780

Number Street

St. Charles

MO

63302

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2011-2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.22

\$343.00

Metro Imaging

Nonpriority Creditor's Name

P.O. Box 780

Number Street

St. Charles

MO

63302

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$21,138.00

4.23

Navient

Nonpriority Creditor's Name

Po Box 9500

Number Street

Wilkes Barre

PA

18773

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 1 0 3

When was the debt incurred? 01/2007

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.24

\$5,188.00

Navient

Nonpriority Creditor's Name

Po Box 9500

Number Street

Wilkes Barre

PA

18773

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 1 2 4

When was the debt incurred? 01/2008

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$2,228.00

4.25

Navient

Nonpriority Creditor's Name

Po Box 9500

Number Street

Last 4 digits of account number 0 6 0 1

When was the debt incurred? 06/2007

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Wilkes Barre PA 18773

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.26

\$1,492.62

Orthopedic Specialists, P.C.

Nonpriority Creditor's Name

P.O. Box 790051

Number Street

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

St. Louis MO 63179

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Gregory Lynn Staat
Debtor 2 Susan Ann Staat

Case number (if known) 16-48659

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$135.20

Pathology Associates, P.C.

Nonpriority Creditor's Name

5700 Southwyck Blvd.

Number Street

Toledo OH 43614-1509

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.28

\$878.95

Pathology Associates, P.C.

Nonpriority Creditor's Name

5700 Southwyck Blvd.

Number Street

Toledo OH 43614-1509

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.29

\$600.00

Progressive Leasing

Nonpriority Creditor's Name

P.O. Box 413110

Number Street

Salt Lake City UT 84141

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1 9 9 3**

When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Couch, Loveseat and a Recliner

4.30

\$781.00

Signature Medical Group

Nonpriority Creditor's Name

12639 Old Tesson Road

Number Street

Suite 115

St. Louis MO 63128

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **1 9 9 3**

When was the debt incurred? **2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Gregory Lynn Staat
Debtor 2 Susan Ann Staat

Case number (if known) 16-48659

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.31

\$232.50

South County Surgery Center

Nonpriority Creditor's Name

12345 West Bend Drive

Number Street

Ste. 201

St. Louis

MO

63128

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.32

\$2,892.17

Southwest Oral Surgery

Nonpriority Creditor's Name

911 Washington Avenue

Number Street

Suite 415

St. Louis

MO

63101

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Consent Judgment

Case No.: 13JE-AC00523

Debtor 1 Gregory Lynn Staat
Debtor 2 Susan Ann Staat

Case number (if known) 16-48659

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$2,448.00

4.33

St. Anthony's Medical Center

Nonpriority Creditor's Name

P.O. Box 66766

Number Street

St. Louis MO 63166

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2013-2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.34

\$250.00

St. Anthony's Medical Center

Nonpriority Creditor's Name

P.O. Box 66766

Number Street

St. Louis MO 63166

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$105.00

4.35

St. Luke's Hospital

Nonpriority Creditor's Name

P.O. Box 60974

Number Street

St. Louis

MO

63160

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3 1 0 4**

When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.36

Synchrony Bank

Nonpriority Creditor's Name

P.O. Box 960061

Number Street

Orlando

FL

32896-0061

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **3 1 0 4**

When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

\$701.00

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$801.00

4.37

Tesson Heights Orthopaedics

Nonpriority Creditor's Name

12152 Tesson Ferry

Number Street

St. Louis

MO

63128

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.38

\$644.45

The Doctor's Office, Inc.

Nonpriority Creditor's Name

6500 Lansdowne Avenue

Number Street

St. Louis

MO

63109

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2015-2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Gregory Lynn Staat
Debtor 2 Susan Ann Staat

Case number (if known) 16-48659

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$91.41

4.39

The Heart Specialty Associates

Nonpriority Creditor's Name

PO Box 790129

Number Street

St. Louis MO 63179

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

4.40

\$106.43

Therapeutic & Diagnostic Imaging

Nonpriority Creditor's Name

PO Box 66726

Number Street

St. Louis MO 63166

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 9 3

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 Gregory Lynn Staat
Debtor 2 Susan Ann Staat

Case number (if known) 16-48659

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,436.00

4.41

United Consumer Finl S

Nonpriority Creditor's Name

865 Bassett Rd

Number Street

Last 4 digits of account number 5 5 2 0

When was the debt incurred? 11/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Westlake OH 44145

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Installment Sales Contract

4.42

\$408.87

United Healthcare

Nonpriority Creditor's Name

5970 Park Lane

Number Street

Last 4 digits of account number 3 1 0 4

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Saint Louis MO 63147

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical Services

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Account Resolution Cor

Name

700 Goddard Ave

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Metro ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Imaging

Last 4 digits of account number 2 8 7 0

Account Resolution Cor

Name

700 Goddard Ave

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Esse ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Health

Last 4 digits of account number 1 0 4 3

Account Resolution Cor

Name

700 Goddard Ave

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Metro ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Imaging

Last 4 digits of account number 7 5 3 8

Account Resolution Cor

Name

700 Goddard Ave

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Esse ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Health

Last 4 digits of account number 9 5 3 3

Account Resolution Cor

Name

700 Goddard Ave

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Imaging ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Partners of Missouri

Last 4 digits of account number 4 8 9 1

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Account Resolution Cor

Name

700 Goddard Ave

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Metro Imaging ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 0 5 3

Account Resolution Cor

Name

700 Goddard Ave

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Esse Health ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 9 7 6

Account Resolution Cor

Name

700 Goddard Ave

Number Street

Chesterfield

City

MO

State

63005

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Esse Health ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 5 3 4

Acme Credit Services

Name

1124 S 8th St

Number Street

Springfield

City

IL

State

62703

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for IV Respiratory Care ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 6 9 3

AMCA Collection Agency

Name

P.O. Box 1235

Number Street

Elmsford

City

NY

State

10523

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for - Labortary Corporation ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 3 1 7

Banjak & Associates, LLC

Name

8021 Forsyth Blvd.

Number Street

St. Louis

City

MO

State

63105

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 0 2 0

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Central Finl Control

Name

Po Box 660873

Number Street

Dallas

City

TX

State

75266

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Des Peres Hospital ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 0 2 3

Central Finl Control

Name

Po Box 660873

Number Street

Dallas

City

TX

State

75266

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Des Peres Hospital ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 4 8

Central Finl Control

Name

Po Box 660873

Number Street

Dallas

City

TX

State

75266

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Des Peres Hospital ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 0 9 0

Client Services, Inc.

Name

3451 Harry S. Truman Blvd

Number Street

St. Charles

City

MO

State

63301

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Bank of America ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 9 0 1

Consumer Adjustment Co

Name

4121 Union Rd Ste 201

Number Street

Saint Louis

City

MO

State

63129

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Emergency Physicians ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 4 0 6

Consumer Adjustment Co

Name

4121 Union Rd Ste 201

Number Street

Saint Louis

City

MO

State

63129

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Emergency Physicians ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 9 0 1

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Consumer Collection Mn

Name
2333 Grissom Dr
Number Street

Saint Louis **MO** **63146**
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Collecting for Signature Medical Group ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 0 9 4

Consumer Collection Mn

Name
2333 Grissom Dr
Number Street

Saint Louis **MO** **63146**
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Collecting for St. Luke's Hospital ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 0 4 0

Consumer Collection Mn

Name
2333 Grissom Dr
Number Street

Saint Louis **MO** **63146**
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Collecting for Tesson Heights Orthopaedics ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 9 7 2

Credit Bureau Services

Name
2147 William St
Number Street

Cape Girardeau **MO** **63703**
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Collecting for Cape Radiology Group ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 7 2 6

Day Knight

Name
P O Box 5
Number Street

Grover **MO** **63040**
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Collecting for Cardiology Critical Care ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 6 2 5

Heritage Financial Recovery Services

Name
600 East Crescent Ave., Suite 304
Number Street

Upper Saddle River **NJ** **07458**
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Collecting for Broad Midwest Anesthesia ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 4 7 2

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Midland Credit Management, Inc.

Name

2365 Northside Drive

Number Street

San Diego

City

CA

State

92108

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Synchrony Bank ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 7 6 6

Midland Funding, LLC

Name

8875 Aero Drive

Number Street

Suite 200

San Diego

City

CA

State

92123

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Synchrony Bank ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 7 6 6

Missouri Department of Revenue

Name

Division of Taxation

Number Street

P.O. Box 385

Jefferson City

City

MO

State

65105-0385

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Missouri Income Taxes ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 1 0 4

Norman William Pressman

Name

10326 Old Olive Street Road

Number Street

St. Louis

City

MO

State

63141

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Attorney for Eagle Bank & Trust Co. ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 7 5 4

One Advantage Llc

Name

7650 Magna Dr

Number Street

Belleville

City

IL

State

62223

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for St. Anthony's Medical ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 6 6 0

One Advantage Llc

Name

7650 Magna Dr

Number Street

Belleville

City

IL

State

62223

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for St. Anthony's Medical ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 6 6 1

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Pamela Beals Leonard

Name

326 South 21st Street

Number Street

Suite 510

St. Louis

City

MO

State

63103

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Attorney for Southwest

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Oral Surgery

Last 4 digits of account number 0 5 2 3

Portfolio Recovery Ass

Name

120 Corporate Blvd Ste 1

Number Street

Norfolk

City

VA

State

23502

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for Synchrony

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Bank

Last 4 digits of account number 6 4 7 8

Portfolio Recovery Ass

Name

120 Corporate Blvd Ste 1

Number Street

Norfolk

City

VA

State

23502

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for HSBC

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Bank Nevada, N.A.

Last 4 digits of account number 4 1 7 3

Portfolio Recovery Ass

Name

120 Corporate Blvd Ste 1

Number Street

Norfolk

City

VA

State

23502

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for GE Capital

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Retail Bank

Last 4 digits of account number 4 1 2 4

Senex Services Corp

Name

333 Founds Rd

Number Street

Indianapolis

City

IN

State

46268

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for St.

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Anthony's Medical

Last 4 digits of account number 9 5 9 7

Senex Services Corp

Name

333 Founds Rd

Number Street

Indianapolis

City

IN

State

46268

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for St.

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Anthony's Medical

Last 4 digits of account number 1 3 1 8

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Senex Services Corp

Name

333 Founds Rd

Number Street

Indianapolis

City

IN

State

46268

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for St.

Anthony's Medical

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 7 5 1

Senex Services Corp

Name

333 Founds Rd

Number Street

Indianapolis

City

IN

State

46268

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for St.

Anthony's Medical

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 7 N 1

Senex Services Corp

Name

333 Founds Rd

Number Street

Indianapolis

City

IN

State

46268

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Collecting for St.

Anthony's Medical

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 3 N 1

True Trustee Services, LLC

Name

21 North Meramec Avenue

Number Street

St. Louis

City

MO

State

63105

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 0 0 5

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$4,935.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$4,935.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$77,472.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$34,346.10</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$111,818.10</u>

Fill in this information to identify your case:

Debtor 1	<u>Gregory</u>	<u>Lynn</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Susan</u>	<u>Ann</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>16-48659</u>		

☒ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 Hummer Acres, LLC

**One year rental residence lease agreement.
Contract to be ASSUMED**

Name

Number Street

City

State

ZIP Code

2.2 Progressive Leasing

**Lease to purchase contract for a couch, loveseat
and recliner.
Contract to be ASSUMED**

Name

Number Street

City

State

ZIP Code

Fill in this information to identify your case:

Debtor 1	Gregory	Lynn	Staat
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Susan	Ann	Staat
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF MISSOURI		
Case number (if known)	16-48659		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Structural Inspection Consult

Special Inspections, LLC

16624 Old Chesterfield Road

Number Street

Suite 103

Chesterfield

City

MO 63017

State Zip Code

Debtor 2 or non-filing spouse

- ☐ Employed
☒ Not employed

Homemaker

Number Street

City

State Zip Code

How long employed there? **2.5 Years**

5.5 Months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$3,033.33	\$0.00
3. Estimate and list monthly overtime pay.	3. + \$0.00	\$0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$3,033.33	\$0.00

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$3,033.33	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$606.67	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$606.67	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$2,426.66	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$879.00	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$1,792.90	\$296.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + \$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$2,671.90	\$296.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$5,098.56	\$296.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$5,394.56	\$5,394.56 Combined monthly income

Debtor 1 **Gregory Lynn Staat**

Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.

☒ Yes. Explain:

See continuation sheet.

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

1. Additional Employers Debtor 1

Debtor 2 or non-filing spouse

Occupation **Bail Bond Agent**
Employer's name **Peak Bail Bonds**
Employer's address **817 East High Street**

Jefferson City **MO** **65101**
City State Zip Code

How long employed there? **4.5 Years**

Occupation **Special Process Server**
Employer's name **Clifford Schwartz**
Employer's address **1544 Jeffco Blvd.**

Arnold **MO** **63010**
City State Zip Code

How long employed there? **2.5 Years**

13. Expected increase or decrease within the year after you file this form:

None.

Debtor is beginning to receive Social Security Benefits, and he may have to reduce his monthly wage income or face having the SSI Benefit reduced. Debtor and his spouse do not consent to paying unsecured, non-priority debts with their Social Security benefits.

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

8a. Attached Statement (Debtor 1)

Peak Bail Bonds

Gross Monthly Income:		<u>\$1,250.00</u>
<u>Expense</u>	<u>Category</u>	<u>Amount</u>
Home and Cellular Telephone Services	Telephone	\$90.00
Internet Services	Utilities	\$20.00
Office Supplies	Office Supplies	\$25.00
License Fees	Licenses	\$6.25
Advertising	Professional Fees	\$5.00
Postage	Office Supplies	\$5.00
FICA	Taxes	\$219.75
Total Monthly Expenses		<u>\$371.00</u>
Net Monthly Income:		<u><u>\$879.00</u></u>

Fill in this information to identify your case:

Debtor 1	<u>Gregory</u>	<u>Lynn</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Susan</u>	<u>Ann</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MISSOURI</u>		
Case number (if known)	<u>16-48659</u>		

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
☒ Yes. Does Debtor 2 live in a separate household?
☒ No
☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

25 Years

- ☐ No
☒ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

4. \$1,300.00

4a. _____

4b. _____

4c. \$25.00

4d. _____

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$250.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$70.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$165.00</u>
6d. Other. Specify: <u>Cellular Services</u>	6d.	<u>\$350.00</u>
7. Food and housekeeping supplies	7.	<u>\$600.00</u>
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	<u>\$50.00</u>
10. Personal care products and services	10.	<u>\$100.00</u>
11. Medical and dental expenses	11.	<u>\$250.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$350.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$100.00</u>
14. Charitable contributions and religious donations	14.	<u>\$86.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<u>\$40.00</u>
15b. Health insurance	15b.	<u>\$460.00</u>
15c. Vehicle insurance	15c.	<u>\$150.00</u>
15d. Other insurance. Specify: <u>Renter's Insurance</u>	15d.	<u>\$60.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Personal Property Taxes</u>	16.	<u>\$50.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 <u>Anticipated Automobile Payment</u>	17a.	<u>\$375.00</u>
17b. Car payments for Vehicle 2	17b.	_____
17c. Other. Specify: <u>Pet Expenses</u>	17c.	<u>\$50.00</u>
17d. Other. Specify: <u>Lease to Own Furniture</u>	17d.	<u>\$84.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____ 21. **+** _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. \$4,965.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$4,965.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$5,394.56
23b. Copy your monthly expenses from line 22c above.	23b. — \$4,965.00
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$429.56

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

None.

Fill in this information to identify your case:

Debtor 1	<u>Gregory</u>	<u>Lynn</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Susan</u>	<u>Ann</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>16-48659</u>		

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B..... \$120,000.00

1b. Copy line 62, Total personal property, from Schedule A/B..... \$13,327.00

1c. Copy line 63, Total of all property on Schedule A/B..... \$133,327.00

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... \$409,205.66

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$4,935.00

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... + \$111,818.10

Your total liabilities \$525,958.76

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I..... \$5,394.56

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J..... \$4,965.00

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$3,996.90

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$4,935.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$77,472.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ <u>\$0.00</u>
9g. Total. Add lines 9a through 9f.	<u>\$82,407.00</u>

Fill in this information to identify your case:

Debtor 1	<u>Gregory</u>	<u>Lynn</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Susan</u>	<u>Ann</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>16-48659</u>		

☒ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Gregory Lynn Staat
Gregory Lynn Staat, Debtor 1

Date 06/15/2017
MM / DD / YYYY

X /s/ Susan Ann Staat
Susan Ann Staat, Debtor 2

Date 06/15/2017
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Gregory</u>	<u>Lynn</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Susan</u>	<u>Ann</u>	<u>Staat</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF MISSOURI</u>			
Case number (if known)	<u>16-48659</u>		

☒ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

**Dates Debtor 1
lived there**

Debtor 2:

**Dates Debtor 2
lived there**

☒ Same as Debtor 1

☒ Same as Debtor 1

165 Samarra Estate Drive

Number Street

From 2012

To 2017

Number Street

From

To

Fenton

City

MO

State

63026

ZIP Code

City

State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$16,911.00 <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the last calendar year: (January 1 to December 31, <u>2016</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$36,093.55 <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2015</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$17,496.00 <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:		Social Security Benefits \$1,480.00
For the last calendar year: (January 1 to December 31, <u>2016</u>) YYYY		Social Security Benefits \$3,540.00
For the calendar year before that: (January 1 to December 31, <u>2015</u>) YYYY		Social Security Benefits \$2,655.00

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<p>T-Mobile Creditor's name</p> <p>Number Street</p> <p>City State ZIP Code</p>	<p>Dates of payment</p> <p>Total amount paid \$1,050.00</p> <p>Amount you still owe</p> <p>Debtors paid regular routine monthly payments in the amount of \$350.00 per month for March, April, and May of 2017.</p>	<p>Was this payment for...</p> <p><input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Car</p> <p><input type="checkbox"/> Credit card</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Suppliers or vendors</p> <p><input checked="" type="checkbox"/> Other Cellular Services</p>
<p>Hummer Acres, LLC Creditor's name</p> <p>Number Street</p> <p>City State ZIP Code</p>	<p>Dates of payment</p> <p>Total amount paid \$2,600.00</p> <p>Amount you still owe</p> <p>Debtors paid a security deposit in the amount of \$1300.00 and a rent payment in the amount of \$1300.00 in May of 2017.</p>	<p>Was this payment for...</p> <p><input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Car</p> <p><input type="checkbox"/> Credit card</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Suppliers or vendors</p> <p><input checked="" type="checkbox"/> Other Security Deposit and</p>
<p>Anthem Creditor's name</p> <p>Number Street</p> <p>City State ZIP Code</p>	<p>Dates of payment</p> <p>Total amount paid \$1,380.00</p> <p>Amount you still owe</p> <p>Debtors paid regular routine monthly payments in the amount of \$460.00 per month for March, April, and May of 2017.</p>	<p>Was this payment for...</p> <p><input type="checkbox"/> Mortgage</p> <p><input type="checkbox"/> Car</p> <p><input type="checkbox"/> Credit card</p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Suppliers or vendors</p> <p><input checked="" type="checkbox"/> Other Medical Insurance</p>

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title **Portfolio Recovery Assocaites
v. Susan Staat ET AL**
Nature of the case **AC Breach of Contract**

Case number **16JE-AC02772**

Court or agency	Status of the case
Jefferson County Circuit COurt	<input type="checkbox"/> Pending
Court Name	<input type="checkbox"/> On appeal
300 Main Street	<input checked="" type="checkbox"/> Concluded
Number Street	
Hillsboro	MO 63050
City	State ZIP Code

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☐ No
☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Oak Bridge Community Church

Charity's Name

1989 Richardson Road

Number Street

Describe what you contributed

Debtors tithe approximately \$20.00
per week, approximately \$86.00 per
month, to their church.

Date you
contributed

Weekly

Value

\$2,064.00

Arnold

City

MO

State

63010

ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
R.O.C. Law	\$600.00 Attorney Fee		
Person Who Was Paid	\$310.00 Court Filing Fee		
12964 Tesson Ferry Road		12/2016	\$910.00
Number Street			
Suite B			
St. Louis	MO	63128	
City	State	ZIP Code	
roettle@roclaw.com			
Email or website address			

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
☒ Yes. Fill in the details.

Person Who Received Transfer	Description and value of any property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Eagle Bank and Trust Company of Misso			
Person Who Received Transfer	Debtors signed a Deed in Lieu of Foreclosure with Eagle Bank in June of 2015.	None	06/2015
3944 Vogel Road			
Number Street			

Arnold **MO** **63010**
City State ZIP Code

Person's relationship to you **None**

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Unrelated Third Party Person Who Received Transfer Unknown Number Street	Description and value of any property transferred Debtors sold property located at 110 Chalet Lane, Bonne Terre, MO 63628, to an Unrelated Third Party in October of 2015.	Describe any property or payments received or debts paid in exchange None. All proceeds were paid to Eagle Bank and Trust Company of Missouri.	Date transfer was made October of 2015
---	--	--	--

City State ZIP Code

Person's relationship to you **None**

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Eagle Bank & Trust Name of Financial Institution Number Street City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other Business Checking	February of 2017	\$15.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Kenneth Staat Construction Compan Business Name	Rental Property Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
1671 South Old 141 Number Street	Gregory Staat Name of accountant or bookkeeper	EIN: _____
Fenton City		Dates business existed From 1972 To 2013
MO 63026 State ZIP Code		
S&R Properties, LLC Business Name	Development Property Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
1671 South Old 141 Number Street	Gregory Staat Name of accountant or bookkeeper	EIN: _____
Fenton City		Dates business existed From 1998 To 2013
MO 63026 State ZIP Code		
AMF Properties, LLC Business Name	Bought and rehabbed real estate properties. Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
1671 South Old 141 Number Street	Gregory Staat Name of accountant or bookkeeper	EIN: _____
Fenton City		Dates business existed From 2002 To 2013
MO 63026 State ZIP Code		
GNC Staat Contracting, LLC Business Name	General contracting. Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
1671 South Old 141 Number Street	Gregory Staat Name of accountant or bookkeeper	EIN: _____
Fenton City		Dates business existed From 2000 To 2008
MO 63026 State ZIP Code		

Debtor 1 **Gregory Lynn Staat**
Debtor 2 **Susan Ann Staat**

Case number (if known) **16-48659**

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Gregory Lynn Staat

Gregory Lynn Staat, Debtor 1

Date 06/15/2017

X /s/ Susan Ann Staat

Susan Ann Staat, Debtor 2

Date 06/15/2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- **You are an individual filing for bankruptcy,**
and
- **Your debts are primarily consumer debts.**
Consumer debts are defined in 11 U.S.C. § 101(8)
as "incurred by an individual primarily for a
personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one
of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family
farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for
individuals with regular income

**You should have an attorney review your
decision to file for bankruptcy and the choice
of chapter.**

Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	<hr/>	
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty
preventing them from paying their debts and who are
willing to allow their non-exempt property to be used to
pay their creditors. The primary purpose of filing under
chapter 7 is to have your debts discharged. The
bankruptcy discharge relieves you after bankruptcy from
having to pay many of your pre-bankruptcy debts.
Exceptions exist for particular debts, and liens on
property may still be enforced after discharge. For
example, a creditor may have the right to foreclose a
home mortgage or repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and
you receive a discharge, some debts are not discharged
under the law. Therefore, you may still be responsible to
pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	<hr/>	
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION

In re **Gregory Lynn Staat**
Susan Ann Staat

Case No. 16-48659

Chapter 7

AMENDED 6/15/2017

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$998.00</u>
Prior to the filing of this statement I have received.....	<u>\$998.00</u>
Balance Due.....	<u>\$0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/15/2017

Date

/s/ Randall T. Oettle

Randall T. Oettle

Bar No. 46820

R.O.C. Law, Randall Oettle Company, P.C.

12964 Tesson Ferry, Suite B

St. Louis, MO 63128

Phone: (314) 843-0220 / Fax: (314) 843-0048

/s/ Gregory Lynn Staat

Gregory Lynn Staat

/s/ Susan Ann Staat

Susan Ann Staat

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
ST. LOUIS DIVISION**

IN RE: **Gregory Lynn Staat
Susan Ann Staat**

CASE NO **16-48659**

CHAPTER **7**

AMENDED 6/15/2017
VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/15/2017

Signature /s/ Gregory Lynn Staat
Gregory Lynn Staat

Date 6/15/2017

Signature /s/ Susan Ann Staat
Susan Ann Staat

Accent Urology
2355 Dougherty Ferry Rd.
Ste. 410
St. Louis, MO 63122

Account Resolution Cor
700 Goddard Ave
Chesterfield, MO 63005

Acme Credit Services
1124 S 8th St
Springfield, IL 62703

AMCA Collection Agency
P.O. Box 1235
Elmsford, NY 10523

Banjak & Associates, LLC
8021 Forsyth Blvd.
St. Louis, MO 63105

Bk Of Amer
Po Box 982238
El Paso, TX 79998

Broad Midwest Anesthesia
P.O. Box 864448
Orlando, FL 32886-4448

Cape Radiology Group, PC
PO Box 1330
Cape Girardeau, MO 63702

Cardiology & Critical Care Consultant
PO Box 504425
St. Louis, MO 63150-4425

Central Finl Control
Po Box 660873
Dallas, TX 75266

Client Services, Inc.
3451 Harry S. Truman Blvd
St. Charles, MO 63301

Community Quick Cash
1671 Old Highway 141
Fenton, MO 63026

Consumer Adjustment Co
4121 Union Rd Ste 201
Saint Louis, MO 63129

Consumer Collection Mn
2333 Grissom Dr
Saint Louis, MO 63146

Credit Bureau Services
2147 William St
Cape Girardeau, MO 63703

Day Knight
P O Box 5
Grover, MO 63040

Dept Of Ed/navient
Po Box 9635
Wilkes Barre, PA 18773

Des Peres Hospital
2345 Dougherty Ferry Road
Saint Louis, MO 63122

Donald Martin
4124 Knoll Drive
Waco, TX 76708

Eagle Bank And Trust
10596 Business 21
Hillsboro, MO 63050

Emergency Physicians of St. Louis
P.O. Box 790379
St. Louis, MO 63179

Esse Health
P.O. Box 23340
St. Louis, MO 63156-3340

Exeter Finance Corp
Po Box 166097
Irving, TX 75016

Exxmbliciti
Po Box 6497
Sioux Falls, SD 57117

GE Capital Retail Bank
Bankruptcy Dept.
PO Box 103106
Roswell, GA 30076

Heritage Financial Recovery Services
600 East Crescent Ave., Suite 304
Upper Saddle River, NJ 07458

HSBC Bank Nevada, N.A.
P.O. Box 98706
Las Vegas, NV 89193

Hummer Acres, LLC

Imaging Partners of Missouri
14825 North Outer Road 40
Chesterfield, MO 63017

IRS
P.O. Box 7346
Philadelphia, PA 19101-7346

IV Respiratory Care
65 South 65th St., Suite 10
Belleville, IL 62223

Jefferson County Collector
Collector of Revenue
P.O. Box 100
Hillsboro, MO 63050

Laboratory Corp. of America
P.O. Box 2240
Burlington, NC 27216-2240

Metro Imaging
P.O. Box 780
St. Charles, MO 63302

Midland Credit Management, Inc.
2365 Northside Drive
San Diego, CA 92108

Midland Funding, LLC
8875 Aero Drive
Suite 200
San Diego, CA 92123

Missouri Department of Revenue
Division of Taxation
P.O. Box 385
Jefferson City, MO 65105-0385

Navient
Po Box 9500
Wilkes Barre, PA 18773

Norman William Pressman
10326 Old Olive Street Road
St. Louis, MO 63141

One Advantage Llc
7650 Magna Dr
Belleville, IL 62223

Orthopedic Specialists, P.C.
P.O. Box 790051
St. Louis, MO 63179

Pamela Beals Leonard
326 South 21st Street
Suite 510
St. Louis, MO 63103

Pathology Associates, P.C.
5700 Southwyck Blvd.
Toledo, OH 43614-1509

Portfolio Recovery Ass
120 Corporate Blvd Ste 1
Norfolk, VA 23502

Progressive Leasing
P.O. Box 413110
Salt Lake City, UT 84141

Progressive Leasing

RHP, Inc.
P.O. Box 100
Barnhart, MO 63012

Senex Services Corp
333 Founds Rd
Indianapolis, IN 46268

Signature Medical Group
12639 Old Tesson Road
Suite 115
St. Louis, MO 63128

South County Surgery Center
12345 West Bend Drive
Ste. 201
St. Louis, MO 63128

Southwest Oral Surgery
911 Washington Avenue
Suite 415
St. Louis, MO 63101

St. Anthony's Medical Center
P.O. Box 66766
St. Louis, MO 63166

St. Luke's Hospital
P.O. Box 60974
St. Louis, MO 63160

Synchrony Bank
P.O. Box 960061
Orlando, FL 32896-0061

Tesson Heights Orthopaedics
12152 Tesson Ferry
St. Louis, MO 63128

The Doctor's Office, Inc.
6500 Lansdowne Avenue
St. Louis, MO 63109

The Heart Specialty Associates
PO Box 790129
St. Louis, MO 63179

Therapeutic & Diagnostic Imaging
PO Box 66726
St. Louis, MO 63166

True Trustee Services, LLC
21 North Meramec Avenue
St. Louis, MO 63105

United Consumer Finl S
865 Bassett Rd
Westlake, OH 44145

United Healthcare
5970 Park Lane
Saint Louis, MO 63147

Villas at Winter Green Association
Samarra Estates Drive
Fenton, MO 63026